THE NOTACE

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Washburn, WI 54891 (715) 373-6138 Bayfield County
Planning and Zoning Depart.
PO Box 58

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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) rm

Refund: Permit #: Amount Paid:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Baylien Co. (3) 0.235

Owner's Name: William Edze	Walling Address:	City/State/Zip:		Telephone: 80-563(
Address of Property:	City/State/Zip:	788 7887	j j	Cell Phone:
Contractor:	Contractor Phone:	Plumber:		Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	tate/Zip):	Written Authorization Attached yes No
PROJECT Legal Description: (Use Tax Statement)	PIN: (23 digits)	PIN: (23 digits) 09-7-44-09-38-52-05-00-3066000	Recorded Document	Accument: (i.e. Property Ownership) Page(s)
1/4,1/4 Gov't Lot Lot(s)	CSM Vol & Page	ge Lot(s) No. Block(s) No.	Subdivision:	
Section 36, Township 44, N, Range 4, W	Town	barnes	Lot Size	Acreage 2.57

				10 800 · 80	A	3	Value at Time of Completion * include donated time & material	☐ Non-Shoreland	Shoreland →
a soundarion	Property .	Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	□ New Construction	Project		☐ Is Property/Land within 1000 feet of kiver, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶ ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue —▶
	□ Foundation	□ No Basement	☐ Basement	2-Story	☐ 1-Story + Loft	1-Story	# of Stories and/or basement		of Floodplain? If your 1000 feet of Lake, Pon
					Year Round	Seasonal	Use		If yes—continue—>
		None	V start	□ 3	□ 2	D 1	# of bedrooms		Distance Stru
Wone	□ Compost Toilet	☐ Portable (w/service contract)	Privy (Pit) or Uaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	(New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary Systen Is on the property?		Distance Structure is from Shoreline: Distance Structure is from Shoreline: feet
		ntract)	Ilted (min 200 gallon)	ify Type:	fy Type:		pe of γ System sperty?		Is Property in Floodplain Zone? System Yes System (1) Yes System (2) Yes System
			3		- □ Well	□ City	Water		Are Wetlands Present? Ves No

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction:

Length:

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Width:

M

0

Height: Height:

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Proposed Use	Κ.	Proposed Structure	₽	Dimensions	Square Footage
		Principal Structure (first structure on property)		×)	
		Residence (i.e. cabin, hunting shack, etc.)	_	×)	
!		with Loft	(×)	
Residential Use		with a Porch		×)	:
		with (2 nd) Porch	_	x)	
		with a Deck	((x	
		with (2 nd) Deck	(x)	
☐ Commercial Use		with Attached Garage	_	×	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)		x)	
		Wobile Home (manufactured date)	(x)	
		Addition/Alteration (specify)	1	×)	
- Municipal Use	~	Accessory Building (specify) 全古つてならと	(30	X ZO)	HZH
A CONTRACTOR OF THE PROPERTY O		Accessory Building Addition/Alteration (specify)	_	×	
Rec'd for Issuance	CO				
		Special Use: (explain)	(x)	
2000		Conditional Use: (explain)	(x)	
Secretarial Staff	<u> </u>	Other: (explain)	_	×)	
Odolotaira: 4	and the same of	4			

TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES anying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct ormation I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue nation I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administ n <u>or</u> letter(s) of Date 20

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

eed All Owners must sign

Address to send permit

Date

application)

Hold For Sanitary: Condition(s):Town, Comr Date of Inspection: Inspection Granted by Variance (B.O.A.) Permit Denied (Date): Issuance Information (County Use Only) Setback to Privy (Portable, Composting)

Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the minimum requirement of the placement or construction of a structure within ten (10) feet of the minimum requirement of the placement of the previously surveyed corner or marked by a licensed surveyor at the owner's expense. Signature of Inspector: Setback to Septic Tank Setback to Drain Field Setback from the North Lot Line Setback from the South Lot Line Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Was Parcel Legally Created Was Proposed Building Site Delineated Please 4 from the East Lot Line Record: complete (1) - (7) above (prior to continuing) 00 (2) (3) (5) (6) (7) 9 Show any (*): Show any (*): 03/4 Show: South Lot Line
West Lot Line Show Location of: Show / Indicate: construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be Setbacks: (measured to the closest point) Show Location of (*): Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Tank or Holding Tank NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: Description CARTON Marc なかって Flig Lord Wyer 30 Hold For TBA: Cuca S (Deed of Record) S (Fused/Contiguous Lot(s)) S 出いっ Yes Yes Suce (*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% Proposed Construction North (N) on Plot Plan Pressure O ON Sanitary Number: Ę0 Inspected by: Reason for Denial: Measurement 252 The Care 200 0 ∏ Yes 70 STANCE TO Hold For Affidavit: するの □ N N N Feet Feet Feet Feet Feet Feet Feet Feet 5 (If No they need to be attached 8 Previouslý Granted by Variance (B.O.A.) □ **Yes ,≱-No** Mitigation Required Mitigation Attached 0 \$ 20° 20% Slope Area on property Elevation of Floodplain Were Property Lines Represented by Owner
Was Property Surveyed Setback from Wetland Setback from the River, Stream, Setback from the Bank or Bluff K dary line from which the setback must be meas Setback to Well Setback from the Lake (ordinary high-water mark C-Holding tout Ensewer The Property of the Pr Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: # of bedrooms: □ Yes Description X No Creek Case # Affidavit Required Affidavit Attached □¥es Lakes Classification (Date of Re-Inspection: Zoning District Sanitary Date: Date of Approval: Measurement □ Yes O. ٠,١٧٠ No No No No Feet Feet Feet Feet

Draw or Sketch your Property (regardless of what you are applying for)

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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

Date Staffing (Received) 2 4 2015 Bayfield Co. Zoning Dept.

Permit #: Refund: Date: Amount Paid: 802S 8-26

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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Departmen

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	×					Conditional Use: (explain)	Condition		{
	×	•				e: (explain)	Special Use: (explain)		<u>></u>
3/2	× /6)		Sterege	Cold	Alteration (specify)	Accessory Building Addition/Alteration	Accessory		Rec'd for Issuance
H	1	į				Building (specify)	Accessory Building		in i
	×					Addition/Alteration (specify)	Addition/		
	×	-	and the second s		ite)	Wobile Home (manufactured date)	Mobile Ho		
			cooking & food prep facilities)		□ sleeping quarters, <u>or</u>	Bunkhouse w/ (☐ sanitary, or	Bunkhous		
	×				rage	with Attached Garage			☐ Commercial Use
	×		and the state of t			with (2 nd) Deck			
Market Ma	×	_	The state of the s			with a Deck			
	× 					with (2 nd) Porch			
	× 					with a Porch			X Residential Use
	×	_				with Loft			
1111	× :				shack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence		
Footage	×	1	100		ture on property)	triintiina (first striin	Dringing		
Square	Vimensions	Dim		Ĉ.	Proposed Structure			`	Proposed Use
141	Height:	,	Width: 16	7 '	Length: /			7.	Proposed Construction:
1	Height:	(Width: 16	,	Length: 16	for is relevant to it)	ng applied for	permit be	Existing Structure: (If permit being applied
Address of the Control of the Contro			None						
		let	☐ Compost Toilet			☐ Foundation		Property	9
	act)	service contra	☐ Portable (w/service contract)	X None		□ No Basement	ness on	☐ Run a Business	
	Vaulted (min 200 gallon)	r Vaulte]	l 1.	Basement	Relocate (existing bldg)	elocate (
ر ا ا	Sanitary (Exists) Specify Type: (Specify	sts) Specify		3	X Storage	2-Story + Loit	Addition/Aireration	Conversion	Pi .
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, vne	Ty Specify Type:	(New) Sanitary		7	l'	truction	New Construction	
City		Ť		1 000 000 000 000 000 000 000 000 000 0	100	* 100	*****		material
Water	of ÿystem	What Type of Sewer/Sanitary System Is on the property?	Sewe Is o	# of bedrooms	Use	# of Stories and/or basement	Ä	Project	Value at Time of Completion * include donated time &
									X Non-Shoreland
Yes □ No	□ No	line : feet	Distance Structure is from Shoreline:	Distance Stru	Pond or Flowage If yescontinue	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	//Land within	s Property	
Are Wetland Present?	Is Property in Floodplain Zone?	Ĭ *	cture is from Shoreline :	Distance Structure	tream (ind. Intermittent)	liver, S	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	s Property	2 1 1 1 1 1 1 1 1
293	30/35	1300 X/3		nes	Boun	N, Range <u>C'Y</u> W	75	, Township	Section <u></u>
	Applicate Acrea	Lot Size An			Town of:	3	ľ		3/1
:		Subdivision:	Block(s) No.	Lot(s) No.	M Vol & Page 1. 935 P.52	ot Lot(s) CSM	Gov't Lot	W 1/4	SE 1/4, W
perty Ownership	ad Document: (i.e. Property Ownership 925 Page(s) 52	Recorded Doc Wolume 2	04-00-kg	9-34-2	PIN: (23 digits) 04- 004-7 -45-09-	(Use Tax Statement) PIN: (04- C	<u>tion:</u> (Use Ta	Legal Description:	PROJECT LOCATION Les
	Attached			}		and the state of t			
Written Authorization	Written	ate/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Ado			(Person Signing Application on behalf of Owner(s))	Signing Appli	Authorized Agent: (Person
Phone:	Plumber		J	Plumber:	Ř	Contr. 715	1808		Contractor:
	977-		73	SHR	Bounes Will		RI	CAN	52685 1
V/7. in	Cell Phone:	210.	James (11)			Gry/s			Address of Property
705-755 1/2	フな フのS	2/12	City/State/zip:	STAN DESTRUCTION	Mailing Address:	Mrstrossen C	J. C	Tamice	David A. 4
OTHER	B.O.A. GOTHER	3333	L USE SPECIAL USE	CONDITIONAL USE	12		X LAND USE	STED-►	TYPE OF PERMIT REQUESTED-

System Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Owner(s): Milmi

Owner(s): Mand Hell Manders Deed All Owners must sign or letter(s) of authorization must accompany this app

accompany this application)

Date

-24

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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this 50.5

Baunes

application)

Date

Authorized Agent:

Address to send permit

52685

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) and (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Signature of Inspector. Hold For Sanitary: Hold For TBA:	Condition(s): Town, Committee or Board Conditions Attached?	Inspection Record: OF WHAT MANICAL Date of Inspection:	Was Parcel Legally Created Lyes Was Proposed Building Site Delineated Tyes	Granted by Variance (B.O.A.) ☐ Yes	Lot Yes	Permit#: \S\03\S	Permit Denied (Date):	(9) Stake or Mark Proposed Lo NOTICE: All Land Use For The Construction Of New The Issuance Information (County Use Only	erior to the placement or construction of succure whith tell (by) lest out the himbility required sections, the boundary line from the minimum required sections to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a from the owner's expense.	Setback to Privy (Portable, Composting)	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)			(1) Show Location of: Pro (2) Show / Indicate: Non (3) Show Location of (*): (*) (4) Show: All I (5) Show: (*) (6) Show any (*): (*) (7) Show any (*): (*)	Drawne Sketch your P
□ Hold For Affidavit:	⊖Yes ♥No-	Inspected by	□ No		(Fused/Contiguous Lot(s)) Z No	Permit Date: 8-2		cation(s) of New Construction, September 2. Permits Expire One (1) Year from the One & Two Family Dwelling: ALL Notes Town, Village, City, State or Family Number:	These to the huminum required sections, the or at the owner's expense. In (10) feet but less than thirty (30) feet from the nr (10) feet but less than thirty (30) feet from the	Feet	/70' -a_t	<i>[a00'</i> + Feet 7 <i>c</i> 0' + Feet	/20' Feet	400 Feet 350 Feet	Measurement	ntinuing) closest point)			Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road All Existing Structures on your Prope (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek (*) Wetlands; or (*) Slopes over 209	erty (regardless of what you are applying for)
Hold For Fees	they need to be May not be habitation. pressure ir		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) Over No C	Mitigation Required Ses No Mitigation Attached Yes No	0-15		Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Date:	the minimum required setback, the boundary line from which the soft a corrected compass from a known corner within 500 feet of the		Setback to Well	20% Slope Area on property Elevation of Floodplain	Setback from Wetland	Setback from the Lake (ordinary high-w Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Changes in plans must be approve	Existing Canage Storage	-	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	applying for)
Date of Approval:	used for human No water under structure.	Zoning District (2 3) Lakes Classification (2) Date of Re-Inspection:	ner □ Yes Z'No	Case #:	Affidavit Required Yes ZNo Affidavit Attached Yes ZNo			Tank (HT), Privy (P), and Well (W). has not begun. Jniform Dwelling Code. Sanitary Date:	ch the setback must be measured must be visible from et of the proposed site of the structure, or must be		/20' Feet	□ Yes X No Feet	Feet	water mark) — Feet Feet Feet	Measurement	approved by the Planning & Zoning Dept.	Existing Tent Tout Relief		and/or (*) Privy (P)	**